EXHIBIT 3

PrimeCare Suicide Policy

PRIMECARE MEDICAL, INC. YORK COUNTY PRISON

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Policy Name: Suicide Prevention Program

Number: YCP-G-05

Effective Date: 01/01/03

Revised: 01/01/06, 01/01/09, 01/01/10, and 09/01/12

01/01/13

Reference: NCCHC 2008 (J-G+05)

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Segretto Ra CCHP, HSA

I. PURPOSE: To provide a program for identifying, responding and, hopefully, preventing suicide by inmate/patients.

II. SCOPE: Applies to York County Prison (YCP).

III. POLICY: PrimeCare Medical, Inc. (PCM) policy requires that a written plan for identifying and responding to suicidal individuals be developed, implemented when needed, and reviewed periodically by all YCP staff members. PCM also endorses the philosophy that every effort will be made to prevent suicides and serious suicide attempts through identification of individuals at risk for suicide through implementation of this policy and its associated procedures.

Inmates/patients may become suicidal at any time during their incarceration. Suicidal behavior is more likely at critical periods of time including commitment and the first several days thereafter, court hearings, sentencing, new criminal charges, after adjudication, following the receipt of bad news regarding self or family, after suffering some type of humiliation or rejection, and those who are in the early stages of recovery from severe depression.

In 100% of situations involving suicide attempts and completed suicides, a comprehensive clinical review is to be conducted. Remedial action is taken on identified policy, staff performance, environment, and system failures that may have contributed to suicide. The remedied change(s) are successful in preventing future suicides and reducing serious suicide attempts.

A. SUICIDE PREVENTION PROGRAM:

1. All YCP medical staff should receive training in the identification, assessment, monitoring, and intervention used in suicide prevention.

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The Corporate Mental Health Committee shall review and recommend changes to all PCM suicidal Policies and Procedures.

- staff members work with who a) Training. All inmates/patients shall be trained to recognize verbal and behavioral clues that indicate potential suicide, and how to Initial and at least bi-annual respond appropriately. training should be provided, although annual training is highly recommended. Training, when dictated by local authority, should be conducted by an appropriately trained Health Care professional. The training will also encompass the use of the Suicide Prevention Screening Guidelines -NY Model. The training curriculum and facility suicide prevention plan must be approved by the responsible health authority.
- b) Identification. The Receiving Screening Form and the Suicide Prevention Screening Guidelines (NY Model) contains observation and an interview item related to the inmate's/patient's potential suicide risk. If a YCP staff member or Correctional Officer identifies someone who is potentially suicidal, the inmate/patient is placed on suicide precautions and is referred immediately to mental health staff.
- c) Referral. YCP or correctional staff can refer potentially suicidal inmates/patients, those who have attempted suicide, and inmates/patients they believe may be suicidal to mental health care providers. The mental health staff will act upon a referral of a non-emergency within twenty-four (24) hours. Emergencies will be handled immediately. PCM nurses or providers should initiate a suicide watch pending the mental health evaluation.
- d) Evaluation. An evaluation by a licensed mental health professional will be conducted with every immate/patient that 1) screens positive for suicide risk, 2) is placed on suicide watch by other staff, and 3) screens positive for mental illness. The assessment should be conducted in a private setting, not by the cell door, in the dayroom, or other non-private locations. The licensed mental health



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professional will designate the individual's level of suicide risk and level of supervision needed. This may include petitioning the court for an involuntary commitment to a state forensic hospital.

Suicide risk assessments must always provided at sufficient description of the current behavior and justification for a particular level of observation and/or discharge from suicide precautions. The assessment should include a brief mental status examination, a listing of both static and variable risk factors, a listing of any protective factors, a level of suicide risk (i.e. low, medium, high), and a treatment plan.

Inmates/patients on suicide watch or identified as at risk of suicide will be evaluated daily by mental health staff (or nursing staff if mental health staff are not available) to monitor changes in suicidal ideation, mood, affect, cognition, behavior, stressors, etc. that affect relative risk for suicidal behavior. Changes in risk level may require modification of suicide watch level. Only licensed mental health professionals can modify or discontinue suicide watch levels. There must be written justification for each decision documented in the medical chart,

Individual treatment plans are developed for all inmates held on suicide precautions for more than 24 hours that describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts are avoided or managed, and actions the inmate or staff can take if suicidal thoughts do occur.

Treatment plans shall include the provision of follow up evaluations within the first 24 hours, then the following 72 hours, the next week, and then periodically until released from custody.

e) <u>Communication.</u> Procedures for communication between YCP health care and correctional personnel regarding the status of the inmate/patient must be in place to provide clear and current information. These procedures also

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include communication between transferring authorities, e.g. county facilities, medical/psychiatric facilities, and correctional personnel. Communication must be in written format.

At minimum, a DOJ will be issued documenting all changes in suicide precautions, suicide watch levels, observation, and housing.

- f) <u>Intervention.</u> There are procedures addressing how to handle a suicide attempt in progress, including appropriate response, first aid, and CPR measures.
- g) <u>Notification.</u> Procedures are in place stating when correctional administrators, outside authorities, and family members are notified of potential, attempted, or completed suicides.
- h) Reporting. Procedures for documenting the identification and monitoring of potential or attempted suicides are detailed, as are procedures for reporting a completed suicide.
- i) Review. There are procedures for medical and administrative review if a suicide or a serious suicide attempt (as defined by the suicide plan) occurs. See C,J,P,Y-A-10 Procedure in the Event of an Inmate Death for details on these processes.
- j) <u>Critical Incident Debriefing.</u> The facility specifies the procedures for offering timely critical incident debriefing to all affected personnel and inmates/patients. Critical incident debriefing is a process whereby individuals are provided an opportunity to express their thoughts and feelings about a critical incident (i.e., suicide attempt, suicide), develop an understanding of critical stress symptoms, and develop ways of dealing with those symptoms.
- k) <u>Housing/Monitoring.</u> An inmate/patient who is identified as being at risk for suicide shall be placed in an area where



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regularly scheduled observations are made and those observations documented. If possible, an inmate/patient on suicide watch should not be placed in isolation (or single colled). Potter he/should he housed with another

celled). Rather he/she should be housed with another inmate or in dormitory style housing and checked on an irregular schedule not to exceed the maximum interval indicated by the specific spiciole watch level

indicated by the specific suicide watch level.

The room should be as suicide proof as possible (without protrusions of any kind that would enable a hanging). If the potentially suicidal immate/patient is deemed to be at high risk, constant observation is required. Use of immates/patients for monitoring is not permitted.

All immates on suicide precautions shall be allowed all routine privileges e.g. visitation, telephone calls, out-of-cell time, unless it is contraindicated with written justification in the medical chart on a case by case basis by a licensed mental health professional except in cases where the inmate has lost privileges as the result of a disciplinary sanctions.

2. Levels of Suicide Watch:

Constant Observation - This level is reserved for the inmate who is actively suicidal, either threatening or engaging in self-injurious behavior and would be considered an extreme risk for suicide or serious self-injury. Staff shall observe such an inmate on a continuous uninterrupted basis and have a clear unobstructed view of the inmate at all times. Observations shall be documented at tenminute intervals. Only licensed mental health professionals can modify or discontinue suicide watch levels.

LEVEL I Suicide Watch This level is for immates who are not actively suicidal but express suicidal ideation and have a plan to commit suicide or have recently attempted suicide or engaged in serious self-injurious behavior. These immates would be considered medium to high risk for suicide. In addition, an immate who denies suicidal ideation or does not threaten suicide but demonstrates other concerning behavior (through actions, current circumstances or recent history) indicating the potential for self-injury should be placed at this level of watch that is actively



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suicidal, either threatening or engaging in self-injurious behavior. Only licensed mental health professionals can modify or discontinue suicide watch levels.

Inmates that score eight or more on the Intake Suicide Screen and recently attempted suicide are to be placed on this level pending mental health evaluation. This level may be utilized whenever staff (e.g. nursing, custody staff) believes an inmate is at moderate to high risk for suicidal behavior, pending an evaluation by a licensed mental health professional.

Inmates on this level are issued a suicide smock, suicide blanket, and suicide mattress. The cell is stripped of potentially dangerous items. The inmate will not be permitted underwear, sharps, belts, and shoelaces. The inmate will receive meals as "finger food" as no utensils are permitted on this level. Hygiene articles such as toothbrush, toothpaste, toilet paper are stored in the inmate's property. Hygiene supplies must be requested from security staff who will closely observe their use.

Exercise (out of cell time) and showers are provided for the same amount of time and frequency as inmates do in general population.

Eyeglasses, dentures, prosthetic devices, and wheelchairs may be permitted on an individual basis if ordered by the licensed mental health professional or a physician.

Staff shall observe the inmate at random, staggered intervals not to exceed fifteen (15) minutes, (e.g. 5, 11, 7). The checks will be made by direct visual observation of the inmate to verify movement. All checks will be documented.

Inmates on Level II suicide watch will be seen by medical staff daily and mental health staff Monday through Friday.

LEVEL II – Suicide Watch This level is for the inmate who has suicidal ideation but no plan to commit suicide. This level is for inmates who are not actively suicidal, but express suicidal ideation (e.g. a wish to die without a specific threat or plan) and/or has a prior history of self-destructive behavior. This also applies to inmates that deny suicidal ideation, but demonstrates other



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concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury. Only licensed mental health professionals can modify or discontinue suicide watch levels.

This level is also used for immates that score an eight or higher on the Suicide Screening Form who are not actively suicidal and have had no recent suicide attempts. Inmates charged with any sex offense or those that are high-profile should also be placed on this watch level (unless they meet criteria for Level I) even if they do not score an eight or higher on the screen.

Level II is also used as a step-down from Level I suicide watch.

Inmates on this level are issued a jumpsuit, shoes (no shoelaces), and suicide blanket. They continue to have finger food. They are placed in a stripped cell with no underwear, no sharps, and no belts.

Exercise (out of cell time) and showers are provided for the same amount of time and frequency as inmates do in general population.

Staff shall observe the inmate at staggered intervals not to exceed 15 minutes (e.g. 5, 11, 7). The cheeks will be made by direct visual observation of the inmate to verify movement. All cheeks will be documented.

Inmates on Level II suicide watch will be seen by medical staff daily and mental health staff Monday through Friday.

LEVEL III - Psychiatric Observation: This level is not used for suicide prevention, but reserved for the inmate whose behavior warrants closer observation. It does not meet criteria for suicide precaution. This level of observation is typically involves observation of an inmate at staggered intervals not to exceed 30 minutes (e.g. 15, 20, 25). Correctional staff must document the 30 minute checks. Use of this level of observation occurs only as a step down from other suicide levels. 30-minute random checks (checks made by direct visual observation). All checks will be



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documented. Only licensed mental health professionals can modify or discontinue suicide watch levels.

Inmate has all rights and privileges as he would in general population. The inmate will wear regular prison issue and underwear and be provided a mattress, linen and blanket, and all hygiene items. Inmates are permitted shower shoes and sneakers/shoes with laces.

Food is provided on a regular tray with eating utensils and drinking cup.

Exercise (out of cell time) and showers are provided for the same amount of time and frequency as inmates do in general population.

Inmates on Level III psychiatric observation status will be seen by medical staff daily and reviewed daily by mental health staff Monday through Friday.

 Potentially suicidal inmates/patients and inmates/patients that have attempted suicide are referred to a licensed mental health professional for evaluation.

An immate/patient who was evaluated as being at risk for suicide by a licensed mental health professional should not go from constant watch, level I, and level II suicide watch to general population. Immates must be stepped-down to successive less restrictive levels of suicide watch before being cleared for general population. Once an immate/patient is placed on suicide watch, he/she can only be cleared from the watch by a licensed mental health professional.

- 4. Suicidal behavior or indications are to be reported to the YCP medical staff immediately. The HSA will also report these in the Daily Log.
- Communication between correctional and medical staff is crucial in avoiding a suicide attempt. Correctional staff must implement the suicide observation schedule established by the medical staff. Medical staff should observe inmates/patients who are on suicide



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watch in accordance with the Segregated Inmates policy. Once an inmate is placed on suicide watch, he/she should only be removed from the watch with the authorization of a licensed mental health professional.

- 6. If a suicide is in progress, facility security measures are to be implemented. If the victim is discovered hanging, those encountering the situation should immediately call for assistance and lift the inmate/patient as high as possible to reduce tension on the noose. If an attempt is by other means, he or she should call for help and notify the YCP medical staff immediately.
- 7. Notify the facility shift commander and YCP Health Services Administrator/Medical Director as soon as possible regarding a serious attempt or completed suicide.
- 8. YCP Medical Director and YCP Health Services Administrator must ensure that procedures for documenting the identification and monitoring of potential, attempted suicide, or completed suicides are detailed. There must be a local procedure for medical and administrative review of any suicide or a serious suicide attempt.
- 9. IN ALL CASES, the facilities' security policies supersede PCM suicide prevention plans. YCP suicide prevention plan may be altered to meet the needs of each individual situation.

Procedure:

1. Staff is to follow the above outlined policies for suicide prevention.

